

National Office of Vital Statistics
 FILED JUL 27 1948

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 22788

Registration District No. 120

Primary Registration District No. 4196

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Darkington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry 38
 (c) City or town Darkington
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Elizabeth Angeline Weathered
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W.
 6. (a) Single, widowed, married, divorced Wid
 6. (b) Name of husband or wife Thomas S 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 29 1856
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 2 2 hr. min

9. Birthplace Lee Co Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Abraham Oyle
 13. Birthplace York York
 (City, town, or county) (State or foreign country)
 14. Maiden name Archie West
 15. Birthplace York Va
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Geo Lusk
 (b) Address Darkington MO
 17. (a) Burial, cremation, or removal Burial (b) Date thereof July 3-48
 (Month) (Day) (Year)
 (c) Place: burial or cremation Stony Branch

18. (a) Signature of funeral director Alfred W. Smith
 (b) Address 1710 Albany MO
 (Date received local registrar) (Registrator's signature) 105

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
 year 1948 hour 7 minute 28 P.M.

21. I hereby certify that I attended the deceased from June 21st, 1948 to July 1st, 1948
 that I last saw her alive on June 30th, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Broncho pneumonia
 Due to Acute influenza
 Due to Senility

Other conditions (include pregnancy within 3 months of death)

Major findings:

Of operations 236
 Of autopsy _____

Duration
10 days
15 days
 PHYSICIAN
 Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature W. Campbell (M. D. or other): _____
 Address 1200 Albany MO Date signed July 2nd 1948

MOTHER, FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me
..... Registered Apprentice No.
working under my personal supervision.

Signed E. Jeffrey Burke
Licensed Embalmer No. 3329
P. O. Address Albany Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.